

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

ASIDES		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						